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CONFIRMATION NO. 2080

|  |   |                               |   |  |                                |
|--|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/635,124   | <b>FILING OR 371(c) DATE</b><br>08/06/2003<br><b>RULE</b>   | <b>CLASS</b><br>222           | <b>GROUP ART UNIT</b><br>3754   | <b>ATTORNEY DOCKET NO.</b><br>MCA-657 US |                                |
| <b>APPLICANTS</b><br>Brett M. Belongia, North Andover, MA;<br>Stephen P. Proulx, Boxborough, MA;   |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>(C) NONE  |   |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>(C) NONE   |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 11/03/2003  |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <i>[Signature]</i> (C)<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>MA | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>10                | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>25182  |   |                               |   |  |                                |
| <b>TITLE</b><br>Fluid dispenser cartridge  |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1050   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |